2019 CONTRA COSTA COUNTY
MONTHLY COBRA PREMIUMS FOR DENTAL PLANS

ELECTED OFFICIALS AND SWORN MANAGEMENT EMPLOYEES -
DEPUTY SHERIFF'S ASSOCIATION

DEDUCTIONS EFFECTIVE JANUARY 1, 2019

PLAN/COVERAGE DESCRIPTION		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - $1,800 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	$46.06	$0.92	$46.98
	Employee + 1	$104.04	$2.08	$106.12
	Family + 2 or more	$104.04	$2.08	$106.12
For CalPERS Health Plans	Employee	$46.06	$0.92	$46.98
	Employee + 1	$104.04	$2.08	$106.12
	Family + 2 or more	$104.04	$2.08	$106.12
Without a Health Plan	Employee	$46.06	$0.92	$46.98
	Employee + 1	$104.04	$2.08	$106.12
	Family + 2 or more	$104.04	$2.08	$106.12
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	$29.06	$0.58	$29.64
	Employee + 1	$62.81	$1.26	$64.07
	Family + 2 or more	$62.81	$1.26	$64.07
For CalPERS Health Plans	Employee	$29.06	$0.58	$29.64
	Employee + 1	$62.81	$1.26	$64.07
	Family + 2 or more	$62.81	$1.26	$64.07
Without a Health Plan	Employee	$29.06	$0.58	$29.64
	Employee + 1	$62.81	$1.26	$64.07
	Family + 2 or more	$62.81	$1.26	$64.07
VSP VOLUNTARY VISION PLAN				
	Employee	$10.08	$0.20	$10.28
	Employee + 1	$20.14	$0.40	$20.54
	Employee + 2 or more	$32.44	$0.65	$33.09